

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 82

63-048610
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

FILED DEC 31 1963

1. PLACE OF DEATH

a. COUNTY

Lewis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Canton

Length of stay in 1b
10 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

At home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Lewis

c. CITY
OR
TOWN

Canton

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

502 S.3rd

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Charles

Middle

William

Last

Richardson

4. DATE
OF
DEATH

Month

Day

Year

December 11, 1963

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-11-1905

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Day laborer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Monticello, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Richardson

13b. MOTHER'S MAIDEN NAME

Jessie Majors

14. NAME OF HUSBAND OR WIFE

Ada Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or (unknown)) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ada Richardson, Canton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory failure

INTERVAL BETWEEN ONSET AND DEATH

3 hours

DUE TO (b)

Carcinoma of pancreas primary with metastatic lesions of kidney, liver, etc.

several months

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3/11/63

12/11/63

and last saw him alive on

12/11/63

Death occurred at

3:20 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Canton, Missouri

22c. DATE SIGNED

12/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-13-1963

23c. NAME OF CEMETERY OR CREMATORY

Monticello Cemetery

23d. LOCATION (City, town, or county)

Monticello, Lewis Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Carl H. Buckley, Canton, Mo.

25. DATE RECD. BY LOCAL REG.

12-21-63

26. REGISTRAR'S SIGNATURE

Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300

Rev. 4/59

1 0561

2 0561

3 2

4 2

5 1

6

7 0

8 2

9/57X

10

11

1290-0

13 10

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 14 1964

JAN 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Earl H. Barkley

Licensed Embalmer No.

2615

P. O. Address

Canton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.